

No. 7001

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1001 Office of Registrar of Vital Statistics.Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Angela E Vila

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 6 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore ✓

Duration of Residence in the City of Baltimore, 1161 Bowen St

Place of Death, { Give Street and Number. } 1161 Bowen St

Cause of Death, { First (Primary), Second (Immediate), } Enteric - Colitis
A splenic in convulsion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent's Cemetery

Date of Burial, July 8, 1887

Undertaker, J. B. Cook Geo R Graham M. D.

Place of Business, 707 W Balto St Address, 725 Columbia Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 1002 Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 5th 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Jones
Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }
Age, 80 Years, _____ Months, _____ Days.
Color, Colored
Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Widow
Occupation, _____
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md
Duration of Residence in the City of Baltimore, Lived in Washington
Place of Death, { Give Street and Number. } Clayton's Row # 1611 Balto
Cause of Death, { First (Primary), Second (Immediate), } Old age Hemiplegia
Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery
Date of Burial, July 7th 1887
{ Undertaker, S. H. Chase Medical Attendant, L. G. Sparrow M. D. }
{ Place of Business, 641 Address, _____ }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1003 Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 5th 1887

Full Name of Deceased, Walter Simms
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, Male
{ Cross out the word not required in this line. }

Age, One Years, One Months, Days.

Color, Colored

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation,

Birth Place, Baltimore City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, Bruce St near Baker St
{ Give Street and Number. }

Cause of Death, Inanition
{ First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shank

Date of Burial, July 7 87

{ Undertaker, S. T. Chase

{ Place of Business, 64

Address,

L. S. Spanow

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. A 1004 Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 8th 1887

Full Name of Deceased, John Frederick Beck

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or ~~Female~~

Cross out the word not required in this line.

Age, 50 Years,

10 Months,

— Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~

Cross out the words not required in this line.

Occupation, Painter

Birth Place, Germany

State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, Fifty Years

Place of Death, 1725 Pringle Street.

Give Street and Number.

Cause of Death, Incurable Bronchitis

First (Primary),
Second (Immediate)

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, July 8th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Address, 1477 N. Gay Street

Medical Attendant.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department City of Baltimore.

Permit No. 1005 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Calvin G. Williams

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 7 Months, 2 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 435 Orchard St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum
Aschemia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 7th 1887 G. Miller M. D.

Undertaker, Alley Hensley Medical Attendant.

Place of Business, 561 Orchard Address, 639 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-1006

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell
correctly. If an Infant
not named, give names
of parents.

Sex, Male or Female, { Cross out the word not
required in this line. }

Age, Years, Months, Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation,

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and }
 Number.

Cause of Death, { First (Primary),
Second (Immediate), Cholera Infantum
Duration of Last Sickness. 5 days

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial, Harper St

Date of Burial, *July 7th 1881*

{ Undertaker, Wm. Heasley

Place of Business, 561 North Charles St.

R. H. Hae M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 1007

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1007 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David Luff (neff)

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 10 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } Wm & Ann Luff

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sweet Home Cemetery

Date of Burial, July 7th 1887

{ Undertaker, Daniel Flynn } { Address, 378 Hagerman St. } M. D.

{ Place of Business, 42 E. 1st St. } { Address, 378 Hagerman St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1008 Office of Registrar Statistics Ward 16

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CERTIFICATE OF DEATH.

Date of Death, July 6th 1887 Francis A. Kreis

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis A. Kreis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Six Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 17th Barre St

Cause of Death, { First (Primary), Capillary Bruchitis Second (Immediate), Exhaustion }

Duration of Last Sickness, See days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 7th 1887 Dr. Launcy H. Barclay M. D.

{ Undertaker, E. F. Krause & Son Medical Attendant, — }

{ Place of Business, 203 Hanover Address, 108 W. Conway St }

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[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. **A 1009** Office of Registrar of Vital Statistics. Ward **3**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, by the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, **July 6th 1887**

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} **Michael Kusbaum**

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, **55** Years, _____ Months, _____ Days

Color, **White**

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} **✓**

Occupation, **Peddler**

Place of Birth, {State or country, and how long in the United States, if of foreign birth.} **Germany**

Duration of Residence in the City of Baltimore, **22 yrs**

Place of Death, {Give Street and Number.} **33 S. Bond St.**

Cause of Death, {First (Primary), Second (Immediate),} **Intestinal obstruction**

Duration of Last Sickness, **Five Days**

All the above information should be furnished by the Physician.

Place of Burial, **Hell Point Cemetery**

Date of Burial, **July 7th 1887**

Undertaker, **Evans, Gene** **John D. Hermann M. D.** Medical Attendant.

Place of Business, **1000 E Baltimore St** Address, **S. W. Calver St**

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[OVER.]

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Health Department, City of Baltimore.

Permit No. A. 1010 Office of Registrar Statistics.

Ward 4

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 6, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George H. Senney

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 0 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Malto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 257 Gough St.

Cause of Death, { First (Primary), Second (Immediate), } Gastro-enteritis
Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 10, 1887

Undertaker, J. A. Byrne

Place of Business, 309 N. Euter St.

Address, 309 N. Euter St.

M. D.

Medical Attendant.

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[OVER.]